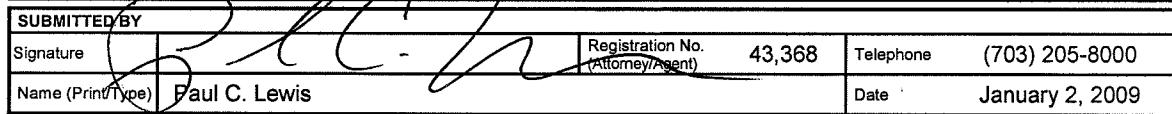


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee Transmittal For FY 2009		Application Number	09/974,911-Conf. #8931
		Filing Date	October 12, 2001
		First Named Inventor	GARDEREN, F. VAN
		Examiner Name	K. Tang
		Art Unit	2195
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	
TOTAL AMOUNT OF PAYMENT (\$)		2,140.00	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																									
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																				
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)																		
Utility	330	165	540	270	220	110																			
Design	220	110	100	50	140	70																			
Plant	220	110	330	165	170	85																			
Reissue	330	165	540	270	650	325																			
Provisional	220	110	0	0	0	0																			
2. EXCESS CLAIM FEES																									
Fee Description																									
Each claim over 20 (including Reissues)																									
52 26																									
Each independent claim over 3 (including Reissues)																									
220 110																									
Multiple dependent claims																									
390 195																									
<table border="1"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <td>14</td> <td>- 20 or HP</td> <td>x</td> <td>=</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20.</td> <td colspan="2"></td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		14	- 20 or HP	x	=			HP = highest number of total claims paid for, if greater than 20.					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																					
14	- 20 or HP	x	=																						
HP = highest number of total claims paid for, if greater than 20.																									
<table border="1"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <td>4</td> <td>- 3 or HP</td> <td>x 220.00</td> <td>= 220.00</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> <td colspan="2"></td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		4	- 3 or HP	x 220.00	= 220.00			HP = highest number of independent claims paid for, if greater than 3.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																					
4	- 3 or HP	x 220.00	= 220.00																						
HP = highest number of independent claims paid for, if greater than 3.																									
3. APPLICATION SIZE FEE																									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																									
<table border="1"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td></td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			/50 =	(round up to a whole number) x	=								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																					
		/50 =	(round up to a whole number) x	=																					
<table border="1"> <tr> <td colspan="4"></td> <td>Fees Paid (\$)</td> </tr> </table>												Fees Paid (\$)													
				Fees Paid (\$)																					
4. OTHER FEE(S)																									
Non-English Specification, \$130 fee (no small entity discount)																									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00																									
1253 Extension for response within third month 1,110.00																									

SUBMITTED BY	
Signature	
Name (Print/Type)	Paul C. Lewis
Registration No. (Attorney/Agent)	43,368
Telephone	(703) 205-8000
Date	January 2, 2009